request to Deacuvate La 22 ID Transcer

SAP # 138460

HWR-001 3/95 State of New Jersey

Department of Environmental Protection
Solid & Hazardous Waste Regulation Element
Manifest Section
P.O. Box 421
401 East State Street
Trenton, New Jersey 08625-0421

"Request to Deactivate EPA ID Number"

EPA ID No. NJP 986 594 711
Company Name: MOTIVA ENTERPRISES LLC/SHEW SERVICE STATION
Site Address: 74 EAST PASSAIC AVENUE NUTLEY (street) (city / town) (state) (zip code) (lot) (block)
Mailing Address: 12700 North borough Dr MFT240-G - Houston TX 77067-2508 (state) (zip code)
Company Contact: Nora Cortez (281) 874-2224 (name) (area code and phone number)
Reasons for deactivating EPA ID No. (Check all appropriate boxes.)
The EPA ID number was obtained for a one time cleanup which is completed.
o The site has completed an ECRA cleanup (indicate ECRA Case #)
o Other
Is the site presently occupied? (circle ves or no)
Sign and date the application below, and retain the last page (pink copy) for your records. Nora Cortez (printed name) Env. Systems Database Analyst (title) (date)

Submission of false information is a violation of N.J.A.C. 7:26-5.6 and N.J.A.C. 7:26-7.3.

copies: NJDEP/DSHW Manifest section (address above)
Applicant is to keep a copy

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Please refer to Section V. Line-by-Line instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recourse Act)

Notification of Regulated Waste Activity United States Environmental Protection Agency

Date Received (For Official Use Only)

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Form Approved, OMB No. 2050-0028 Expires 10/81/99 GSA No. 0246-EIPA-O1

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a. Greater than 1000kg/mc (2.20 lbs.) b. 100 to 1000 kg/mc (2.20 lbs.) c. Less than 100 kg/mc (2.20 lbs.) c. Less than 100 kg/mc (2.20 lbs.) c. Less than 100 kg/mc (2.20 lbs.) d. Transporter (indicate Mode in boxes 1-5 below) a. For own waste only b. Fof commercial purposes Mode of Transportation 1. Alr 2. Rail 3. Highway 4. Water 5. Other - specify 5. Other - specify 5. Other - specify 5. Other - specify 6. Cesscription of Regulated Wastes (Use additional sheets if necessary) A. Characteristics of Nonlisted Hezardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hezardous wastes your installation handles; See 40 CFR 261.31 - 33; See Instructione if you need to list more than 12 waste codes.) Certification Certification Certification Certification Certification A. Wastes. (State or other wastes requiring a handler to have an I.D. number; See Instructions.) Certification Certification Certification Certification Certification Name and official Title golder of this activity, see instructions. The certification of the possibility of time and imprisonment of tax of the condition of the paranon or persons who manage the system, or those persons directly responsible for gathering the information, the information submitting false information, including the possibility of time and imprisonment of the condition of the condi			ID - For Off	ficial Use Only
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Generator (See Instructions)	III. Type of Regulated Waste Activity (Ma	ark 'X' in the appropriate boxes. Refer	r to Instructions)	与中国社会的
a. Greater than 1000kg/mc (2.200 lbs.) b. 100 to 1000 kg/mc (2.20 lbs.) c. Less than 100 kg/mc (2.20 lbs.) c. Less than 1	A. Hazardous V	Vaste Activity	B. Used (Oil Recycling Activities
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nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24) gnitable 2. Corrosive 3. Reactive (D003)	C. Description of Regulated Wastes (Use	additional sheets if necessary)	自我从第二人间。	10-41 TA 51-51-1 TA 10-51-1
certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. Name and Official Title (Type or print) Sondra Bienvenu, Residual Disposal Coordinator Date Signed Coordinator	(D001) (D002) (D003) COUNTY (D	261.31 - 33; See instructions if you not a suring a handler to have an I.D. number	eed to list more than 12 5 11 er; See instructions.)	waste codes.) 6 12
a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. Name and Official Title (Type or print)	C. Certification			
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ote: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)				

REGION 2

ACKNOWLEDGEMENT OF NOTIFICATION OF

HAZARDOUS WASTE ACTIVITY

12/07/98

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER →

NJD986594711

INSTALLATION NAME →

SHELL OIL CO

INSTALLATION ADDRESS →

74 E PASSAIC AVE NUTLEY, NJ 07110

MAILING ADDRESS →

PO BOX 2099 HOUSTON, TX 77252-2099

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY REGION 2 290 BROADWAY, 22nd Floor NEW YORK, NEW YORK 10007-1866

ATTN: DIV OF ENVIRON PLANNING & PROTECTION RCRA PROGRAMS BRANCH

TO: BIENVENU, SONDRA
DISPOSAL COORD
PO BOX 2099
HOUSTON, TX 77252-2099



ACKNOWLEDGEMENT OF NOTIFICATION

OF HAZARDOUS WASTE ACTIVITY

11/15/90

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act '(RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER ->

NJD986594711

FACILITY NAME ->

SHELL OIL CO

MAILING ADDRESS ->

SUITE 150-500 INTERNATIONAL DR

MT OLIVE, NJ 07828

INSTALLATION ADDRESS ->

74 E PASSAIC AVE NUTLEY, NJ 07110

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO: SULLIVAN C_A ANALYST
SHELL OIL CO
SUITE 150-500 INTERNATIONAL DR
MT OLIVE, NJ 07828

≗FP∆

United States Environmental Protection Agency Washington, DC 20460

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (Section 3010 of the Passure Construction of

Notification of Hazardo	US Waste Activity of the Resource Conservation and Recovery Act).
For Official Use Only	
Com	ments
C	
	Date Received
Installation's EPA ID Number	Approved (yr. mo. day)
FN30986594711	901012 Essex
I. Name of Installation	
SHELL OIL COMPA	NY
II. Installation Mailing Address	
Street or	P.O. Box
3 SUITE 1150, 500	INTERNATIO NALI D
City or Town	State ZIP Code
EMT. OLIVE	11111NJ07828
III. Location of Installation	
Street or Ro	ute Number
5/14 EAST PASSA 1	CAUENNE
City or Town	State ZIP Code
c NUTLEY	NTOZILO
IV. Installation Contact	
Name and Title fleet first and lat	Phone Number
Name and Title (last, first, and job	(area code and number) A / / < T > A / / C / C > 9
2 S C L L I V T N , C A	127272016913237
	B. Type of Ownership
A. Name of Installation's Legal O	wner (enter code)
R SHELL OIL COMP,	7 M Y
VI. Type of Regulated Waste Activity (Mark 'X' in the appropria A. Hazardous Waste Activity	
	B. Used Oil Fuel Activities
X 1a.Generator ☐ 1b. Less than 1,000 kg/mo. ☐ 2. Transporter	☐ 6. Off-Specification Used Oil Fuel
3. Treater/Storer/Disposer	a. Generator Marketing to Burner
☐ 4. Underground Injection ☐ 5. Market or Burn Hazardous Waste Fuel	☐ b. Other Marketer
(enter 'X' and mark appropriate boxes below)	C. Burner
a. Generator Marketing to Burner	Specification Used Oil Fuel Marketer (or On site Burner) Who First Claims the Oil Meets the Specification
☐ b. Other Marketer	
c. Burner	s de la martir de la companie de la companie de la martir de la companie de la co
VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in which hazardous waste fuel or off-specification used oil fuel is bur	in all appropriate boxes to indicate type of combustion device(s) ned. See instructions for definitions of combustion devices.)
☐ A. Utility Boiler ☐ B. Industrial Boi	ler C. Industrial Furnace
VIII. Mode of Transportation (transporters only - enter 'X' in the	e appropriate box(es)
☐ A. Air ☐ B. Rail ☐ C. Highway	☐ D. Water ☐ E. Other (specify)
IX. First or Subsequent Notification	
Mark 'X' in the appropriate box to indicate whether this is your installation's notification. If this is not your first notification, enter your installation's EPA	first notification of hazardous waste activity or a subsequent ID Number in the space provided below.
A. First Notification B. Subsequent Notification (complete item C)	C. Installation's EPA ID Number

				ID - For Official U	se Only
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D008	X 001	X 002	D018		
7	3	9	10	11	12
3. Hazardous Waste rom specific sources	s from Specific Source your installation hand	cas. Enter the four-digit es. Use additional sheets	number from 40 CFR Part 2 of necessary.	61.32 for each listed	hazardous waste
13	14	15	16) 117 X	118
19	20	21	22	23	24
25	26	27	28		
			28	29,	30
. Commercial Chen	nical Product Hazard as which may be haza	ous Wastes. Enter the foundous waste. Use addition	our-digit number 40 CFR Pa		emical substance
31	32	33	34	35	36
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37	38	39	40	41	42
43	44	45	46	A 47	48
. Listed infectious \ r medical and resear	Wastes. Enter the four rch laboratories your in	r-digit number 40 CFR Pastallation handles. Use a	art 261.34 for each hazardordditional sheets if necessary	us waste from hospits	als, veterinary hospitals.
49	50	51	52	53	54
. Characteristics of	Nonlisted Hazardous	Wastes. Mark 'X' in the	boxes corresponding to the	a characteristics of no	onlisted hazardous
astes your installation	The same of the same of the same of	FR Parts 261,21 - 261,24) 2. Corrosive (D002)		4. Toxic	
	(D001)	(D002)	. (D003)	(D000)	
and all attached obtaining the info	documents, and ormation, I believ	that based on my e that the submitted	nined and am familiar of inquiry of those individuals information is true, a false information, in	viduals immedia accurate, and co	tely responsible for
gnature Ca Sulli	ivan	Name and Official CINDY SULL ENVIRONMENT	Title (type or print) IVAN AL+MAINTENANCE	Date Sig	ned /1/ 190
			on of information is est		urs including time for

Estimated burden: Public reporting burden for this collection of information is estimated to be 3 hours, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M St., S.W., Washington, D.C. 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.